

All information requested must be completed on this application

Application is hereby made for a building permit and a Certificate of Compliance / Occupancy as required under Building Code and Zoning Ordinance of the City of Joliet for the erection, moving, alteration and use of building and premises. In making this application the applicant represents all the following statements and any attached maps and drawing as a true description of the proposed new or altered uses and or buildings. The applicant agrees that the permit applied for, if granted; is issued on the representation made herein and that any permit issued may be revoked without notice in breach of representation of conditions.

1. Address of proposed construction _____

2. PIN # / or attached legal description _____ LOT# _____
2a. Zoning District _____ 2b. Is property located in floodplain _____ MODEL _____
YES NO

3. PROPOSED CONSTRUCTION:
New building Alteration / Addition to existing building Remodel

4. Describe the use of the existing & proposed structure:
Single family Multi-family Commercial Industrial School Vacant land Other

4a. Proposed use: _____

5. PLANS AND SPECIFICATIONS REQUIRED:
a. Building, Electrical, Plumbing and HVAC plans must be submitted. RP # _____
b. Attach Plat of Survey for “NEW ADDITIONS & NEW CONSTRUCTION” application. (OFFICE USE ONLY)
c. Finished grade above crown of street (in inches) _____
Will premises be connected with sewer & water? YES NO
Front sidewalk must be completed on completion of building. **SIDEWALK CONTRACTOR-** _____

d. SPECIFICATIONS. For each building, structure or use; it must be identified on plat (existing and proposed).

PROPOSED USE GRID: FOR ADDITIONS & NEW CONSTRUCTION ONLY

Height in feet	Number of stories	Overall dimensions	Dwelling units	Number of rooms	Material of foundation	Material of walls	Material of roof	Footing (inches)	Overhang (in inches)

BUILDING DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES AFTER SUBMITTAL

6. Heating and A/C _____ Units _____

7. Name of Illinois State Roofing Contractor: _____ Lic # _____ - _____
Address: _____ Phone: _____

8. Names of the following are **required**:

Architect: _____ Plumbing Contractor: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____

Owner’s Name: _____ Heating Contractor: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____

General Contractor: _____ Electric Contractor: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____

9. Estimated Valuation of Construction \$ _____

10. Concrete Contractor: _____
Address: _____ Phone: _____

PLEASE NOTE THE FOLLOWING:
Footing forms, framing & completed building must be inspected.
Twenty-four (24) hour notice required for ALL INSPECTIONS.
NO storm or surface water to be emptied into sanitary sewers.

Building Permit fee \$ _____
Construction water \$ _____
Sidewalk \$ _____
Drive(s) \$ _____
TOTAL \$ _____